

Critical Access Hospital Videoconference

Quality Basics: Regulatory Requirements for CAH and State Licensing Surveys

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Presentation Objectives

- Review the State licensing and CAH survey process
- Review State and CAH Quality requirements
- Learn how quality and patient safety initiatives relate to these requirements
- Learn what surveyors are looking for during quality program reviews and why

Handouts

- #1 – Medicare and State Requirements
- #2 – Recertification Survey Checklist
- #3 – CAH CoP – Agreements
- #4 – CAH CoP – Periodic Evaluation and Quality Assurance Review
- #5 – CAH Program Evaluation – Key Questions
- #6 – Sample CAH Program Evaluation, Deer Park Hospital

Survey Frequency

- State Licensing Surveys
 - Now every 18 months (HB 1533 – Effective July 2005)
 - Announced 30 days prior (SB 6485 – Effective 2004)
- CMS CAH Recertification Surveys
 - Every 3 years
 - Unannounced! Be ready

Survey Focus

- Initial CAH Survey = Prospective
 - Review of policies, procedures, agreements, arrangements
 - Review of written plan for program evaluation

Survey Focus

- CAH Recertification Survey = Retrospective
 - Implementation of P/Ps, A/As
 - » Credentialing
 - » Peer Review
 - » Quality oversight
 - Review of completed program evaluation

Survey Process

- When State/CAH surveys done concurrently
 - Survey process is identical
 - Regulations are similar, often overlap
 - CAH and State Quality Requirements are integrated into one program

Survey Process

- Three reports are generated
 - » One State
 - » Two CMS (Health/Fire)
- Plans of Correction/Progress Report often identical

CAH Quality Requirements

- “The CAH has an effective quality assurance program to evaluate the quality and appropriateness of the diagnosis and treatment furnished in the CAH and of the treatment outcomes [C336].”

CAH Program Evaluation

- The CAH carries out or arranges for a periodic evaluation of its total program (at least annually) that includes a review of [C331-C334]:
- The utilization of CAH services, including at least the number of patients served and the volume of services (Remember: maximum of 25 beds set-up; includes observation patients) [C332]

CAH Program Evaluation

- A representative sample of both active and closed records [C333]; and
- The CAH's health care policies [C334]

CAH Program Evaluation

- The CAH determines whether utilization of services was appropriate, that established policies were followed, and any changes needed [C335]
- The CAH ensures all patient care services and other services affecting patient health and safety are evaluated (including contractors). [C337]

CAH Program Evaluation

The QI Program requires:

- That nosocomial infections and medication therapy are evaluated [C338].

The review reflects:

- The quality and appropriateness of treatment provided by midlevel providers as evaluated by a CAH physician [C339]

CAH Program Evaluation

The review reflects:

- The quality and appropriateness of treatment provided by physicians as evaluated by:
 - A network hospital(s) [RHQN, etc.]
 - A Quality Improvement Organization (QIO)
 - Other entity identified by State plan [C340]
- Reflects how the findings will be considered and how corrective action will be taken, if necessary. [C341-C343]

CAH Policies and Procedures

- Policies and Procedures should operationalize agreements with Network or other entity
 - Policies and Procedure development and review
 - Peer Review
 - Credentialing
 - Quality
- Be specific!

CAH Policies and Procedures

- Development and annual review of policies and procedures [C271-C280]
 - “One member that is not a member of the CAH staff”
 - » Network(s)
 - » Consultants
 - » Other Hospitals/CAHs

CAH Policies and Procedures

- Include:
- Description of services provided (including agreements/arrangements)
 - Emergency medical services
 - Consults and referrals
 - Medical records management
 - CAH Program Review

CAH Policies and Procedures

- Pharmacy services
 - Medication storage
 - Record-keeping
 - Inventory/monitoring for outdates
 - Reporting adverse drug reaction and medication errors

CAH Policies and Procedures

- Infection Control Program
 - Identifying, reporting, investigating infections and communicable diseases of patients and personnel
- Nutritional Services
 - Nutritional needs of patients are met

CAH Quality Requirements

- Each CAH shall have an agreement or arrangement for credentialing and quality assurance with a network hospital(s), Quality Improvement Organization, or other entity identified by the State plan [C195, C340]

CAH Peer Review

- Evaluate quality of care, appropriateness of diagnosis and treatment [C339]
 - Care given by mid-level providers reviewed by MD
 - » MD to review 25% outpatient records
 - » MD to review 100% inpatient records
 - (If mid-levels admit patients)
 - Midlevel Providers will participate in the physician's periodic review of patient health records [C264]

CAH Peer Review

- Evaluate quality of care, appropriateness of diagnosis and treatment [C340]
 - Care given by physicians reviewed by:
 - » Network hospital(s) [RHQN, etc.]
 - » QIO
 - » Other entity ID'd by State plan

CAH Peer Review

- Facility and outside reviewer must have a method for selection of records for peer review
 - High risk patients
 - Adverse outcomes
 - Representative Patient Sample
- Facility must demonstrate that it considers and acts on the recommendation of the outside reviewer

CAH Credentialing Process

- Initial CAH Survey:
 - Review of written plan for credentialing health care providers
- CAH Recertification Survey:
 - Review of implementation of the credentialing process

CAH Credentialing Process

- CAHs must have credentialing agreement with:
 - » Network/hospital(s) [RHQN]; or
 - » Professional credentialing organization

CAH Credentialing Process

- The amount of assistance will vary from facility to facility
 - Resources available
 - Number of providers on staff
 - Facility preference
- At a minimum:
 - Oversight of process to ensure qualified, safe providers

CAH Credentialing Process

- Final appointment is done by the CAH
- Reappointment can be done by CAH based on Peer Review findings
- Remember to follow your own policy!

State PI Requirements

- “The purpose of the improving organizational performance section is to ensure that performance improvement activities of staff, medical staff, and outside contractors result in continuous improvement of patient health outcomes.” (WAC 246-320-225)

State PI Requirements

Hospitals will:

- Have a hospital-wide approach to process design and performance measurement
- Develop a written plan that is periodically evaluated and approved by the governing authority
- Review serious or undesirable patient outcomes in a timely manner

State PI Requirements

- Systematically collect and assess data on important processes or outcomes related to patient care and organizational function
- Prioritize and take appropriate action to improve and/or continue measurement in response to data assessment

State PI Requirements

- Collect/assess data including, but not limited to:
 - Operative, other invasive, and noninvasive procedures that place patients at risk
 - Infection rates
 - Mortality
 - Medication use

State PI Requirements

- Collect/assess data including, but not limited to:
 - Hospital incurred injuries (i.e. restraints, falls)
 - Events listed in WAC 246-320-145 (10)(a) through (g)
 - Discrepancies or patterns of discrepancies between preoperative/ postoperative diagnoses
 - Significant adverse drug reactions

State PI Requirements

- Collect/assess data including, but not limited to:
 - Adverse events or patterns of adverse events during anesthesia use
 - Other hospital-specific measurements
 - The needs, expectations, and satisfaction of patients
 - Quality control and risk management activities

Requirements vs. Initiatives

- Quality programs **MUST** include the quality indicators and tasks identified in the regulations
- Hospitals may **VOLUNTARILY** include state and federal quality and patient safety initiatives

Requirements vs. Initiatives

- Requirement: Monitor operative, invasive procedures that put patients at risk
 - Surgical Site Identification
 - Adverse events during anesthesia
 - Discrepancies between pre-post op diagnosis
- Voluntary Initiative:
 - Venous Thromboembolism Prophylaxis

Requirements vs. Initiatives

- Requirement: Monitor Infection Rates
 - Surgical Site Infection Surveillance
 - Nosocomial Infection Surveillance
 - Hand hygiene
- Voluntary Initiatives:
 - Surgical Infection Prevention (SIP)
 - Central Line Infection Prevention
 - Bundling care for ventilated patients

Requirements vs. Initiatives

- Requirement: Monitor Mortality
 - Adverse Event 10(a): “Unanticipated death...”
 - Peer Review
- Voluntary Initiatives:
 - Rapid Response Teams
 - AMI
 - HF
 - PN

Requirements vs. Initiatives

- Requirement: Monitor Medication Usage
 - Medication errors
 - Adverse Drug Reactions
- Voluntary:
 - Medication reconciliation
 - AMI
 - HF
 - PN

What Are Surveyors Looking For?

- Entrance Conference:
 - Overview of Quality Program (brief)
 - » Analysis of Key Indicators
 - Medication Errors, Falls,
 - Surgical Site Identification
 - » Discussion of PI Projects

What Are Surveyors Looking For?

- Entrance Conference:
 - Infection Control
 - » Infection Rates
 - » Surveillance Process
 - CAH Program Evaluation
 - » Conclusions
 - » Plans for future

What Are Surveyors Looking For?

- During Survey:
 - Evidence of “Walking the talk”
 - » Staff Interviews
 - » Departmental Projects
 - “Hospital-wide”
 - » Observations
 - Handwashing
 - Medication Pass

What Are Surveyors Looking For?

- During Survey:
 - Quality Control
 - » Crash cart checks
 - » Medication refrigerator temp logs
 - » Medication outdates
 - » Glucose meter QC
 - » Fire drills
 - » Biomedical PMs

What Are Surveyors Looking For?

- During Survey
 - Additional discussions
 - » Pharmacy Director (Medication Errors)
 - » Surgery Supervisor (Surgical Site ID)
 - » Infection Control Coordinator (Hand hygiene; Occupational Health)

What Are Surveyors Looking For?

- During Survey
 - Additional discussions
 - » PI Coordinator (Review of documentation)
 - » Risk Manager (Adverse Event discussion)
 - Remember to report, if they affect patient care:
 - Failure or major malfunction of a facility system
 - Fires

What Are Surveyors Looking For?

- “Living” PI Plan
- Choice of indicators include those required by regulation
- Tracking, trending data; looking for patterns
 - Pitfall:
 - » Analyzing incidents individually
 - » Not comparing incidents over time

What Are Surveyors Looking For?

- **TIMELY** analysis of results
- Formulation of action plans
- Evaluation of progress
- **CLOSE THE LOOP!!!**

Summary

- State and CAH survey process is almost identical (Frequency of surveys vary)
- State and CAH requirements must be included in hospital's quality plan
- Quality and Patient Safety Initiatives can be included at the hospital's discretion
- Surveyors look for a "living" PI plan

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Questions?
